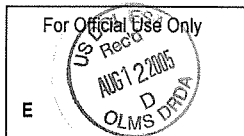


This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5685	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Calvin I Engel P.O. Box, Bldg., Room No., if any Street 20547 Wavery Court City Ashburn State Virginia ZIP Code + 4 20149	4. Name, file number, and address of labor organization. Name NALC Labor Organization File Number 000-509 P.O. Box, Building and Room Number, if any Street 100 Indiana Avenue City Washington State District of Columbia ZIP Code + 4 20001
5. Position in labor organization. Administrator of Health Ins. Plan	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <u>from an employer whose employees your organization represents</u> or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>7.b. Amount.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

Telephone Number

Name of Person Filing Calvin Engel	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Caremark, Inc."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2211 Sanders Road"/></p> <p>City <input type="text" value="Northbrook"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60062"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><p>Prescription drug benefit manager for health insurance plan.</p></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$3,500,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div><p>Complimentary hotel room, meals and forum engagements at annual client forum (5.18-20.2004) with discount on travel.</p><p>Value unknown, approximated @ \$750.</p></div> <p>12.b. Amount. <input type="text" value="\$750"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><p></p></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Calvin Engel

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Delancey Printing

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 444 Swann Avenue

City Alexandria

State Virginia ZIP Code + 4 22301

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Printing company used for forms and publications associated with health insurance business.

11.b. Approximate dollar value of such dealing.

\$2,700,000

12.a. Nature of interest held or income received.

Holiday gift - crab cakes and steaks.
(approx.: 5.20.04)

Complimentary dinner engagement (approx.: 7.13.04)

Holiday gift - ham (apprx.: 12.01.04)

Values unknown, estimate given.

12.b. Amount.

\$140

Name of Person Filing Calvin Engel

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AM South

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 315 Deaderick Street

City Nashville

State Tennessee ZIP Code + 4 37237

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides banking services to insurance company.

11.b. Approximate dollar value of such dealing.

\$812,000

12.a. Nature of interest held or income received.

Complimentary holiday dinner with account executives. (12.15.04)

Value unknown, estimated.

12.b. Amount.

\$40

Name of Person Filing Calvin Engel

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provider of insurance services for PPO, hospital precertification, and managed care.

11.b. Approximate dollar value of such dealing.

\$20,500,000

12.a. Nature of interest held or income received.

Complimentary hotel room and meals and forum engagements while attending annual client partnership forum (3.03-05.2004)

Values are unknown, approximated @ \$800.

Holiday fruit basket (12.04.2004) est.value at \$40.

12.b. Amount.

\$840